

The Accommodation Services Office provides services to students who are blind or have low vision. To determine eligibility for services, this office requires current comprehensive documentation of the visual impairment from an ophthalmologist or other medical professional.

***If a comprehensive diagnostic report is available that provides the requested information, copies of that report can be submitted as documentation instead of this form.***

### Please Print Legibly

Student Name: \_\_\_\_\_

Date Completed: \_\_\_\_/\_\_\_\_/\_\_\_\_ Student's Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

1. Diagnosis: \_\_\_\_\_

2. Date of diagnosis: \_\_\_\_/\_\_\_\_/\_\_\_\_

Most recent contact with student/patient: \_\_\_\_/\_\_\_\_/\_\_\_\_

3. What is the severity of the vision loss?

Right eye:

Mild

Moderate

Substantial

Left eye:

Mild

Moderate

Substantial

4. Is the vision loss expected to remain stable or is it expected to decline? If it is expected to decline, describe the expected progression of the vision loss.

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5. Please list and describe the major life activities/functional limitations, both physical and academic, which are significantly impacted by the disability, and the degree of severity. ***Please note, if no major life activities are significantly impacted, no accommodations will be approved.***

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6. Describe any situation or environmental conditions that might lead to an exacerbation of the condition.

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7. What recommendations do you have regarding accommodations and/or auxiliary aids in an academic setting? Please state your rationale for the accommodations and/or auxiliary aids you have recommended.

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8. Are there any other associated disabilities (e.g., diabetes, glaucoma, etc.) and what are the functional limitations associated with these disabilities?

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## Provider Information

<b>Name (Please Print):</b>		
<b>Medical Specialty:</b>	<b>License #:</b>	
<b>Address:</b>		
<b>Phone:</b>	<b>Email:</b>	
<b>Signature:</b>		<b>Date:</b>

Please mail or fax this completed form and any additional information to:

Accommodation Services Office  
Lakeshore College  
1290 North Avenue  
Cleveland, WI 53015

Fax: (920) 646.7262